



**INTERNATIONAL RESCUE COMMITTEE  
LIBERIA PROGRAM**

---

**QUARTERLY REPORT**

**(CONTRACT NO: AID-OFDA- G-15-00109)**

**JULY, AUGUST AND SEPTEMBER 2015 REPORT**

**PRESENTED TO:**

**THE USAID OFFICE OF FOREIGN  
DISASTER ASSISTANCE**

**Collaborating Partner:**

International Rescue Committee Liberia  
c/o Aitor F. Sanchez Lacomba, Country  
Director  
Tel: 011.231.795.5952  
E-mail: [Aitor.SanchezLacomba@Rescue.org](mailto:Aitor.SanchezLacomba@Rescue.org)

**Agency Headquarters:**

International Rescue Committee  
c/o Adrian Clarke, Program Officer  
Tel : 212.551.0954  
E-mail: [Adrian.Clarke@Rescue.org](mailto:Adrian.Clarke@Rescue.org)

**SUBMITTED OCTOBER 31TH, 2015**

## **I. Executive Summary**

**PROGRAM TITLE:** Restoring Services, Supporting Healing: Addressing the immediate needs of women and girls in the wake of the Ebola crisis

**PROJECT NO:** AID-OFDA- A-15-00109

**AGENCY:** International Rescue Committee (IRC)

**COUNTRY:** Liberia

**REPORTING PERIOD:** Quarter 2, FY2015: July, August and September 2015

**GOAL:** Survivors of gender-based violence have access to immediate and life-saving assistance, support and services, and EVD response and prevention actions are gender sensitive

**OBJECTIVES:** Women and girls have safe and timely access to life saving services GBV services during the EVD period, receive targeted information on the disease, and influence Ebola prevention and response

**BENEFICIARIES:**

Total Number of Individuals Affected in the Target Area:	1,857,166
Total Number of People Targeted (Individuals):	78,998 beneficiaries (43,443 women, 35,555 men)
Total Number of IDPs Targeted (Individuals):	N/A

**LOCATION:** Montserrado, Lofa and Nimba Counties, Liberia

**DURATION:** Seven Months

## **II. Introduction**

As of September 30th, 70 days had passed without a new confirmed case of EVD and over 60 days had passed since the last case was discharged from the ETU, leading Liberia to be declared Ebola-free. All services including hospitals, schools and market places were successfully reopened to the public with support from the Government of Liberia, UN agencies and international NGOs, including the International Rescue Committee (IRC). In collaboration with the Ministry of Health (MoH), UNFPA and other members of the National Gender-Based Violence (GBV) Task Force, the IRC continued to increase the capacity of the 5 supported one-stop-centers in Montserrado and the 6 referral hospitals in Nimba and Lofa through weekly monitoring visits, minor rehabilitations, and the distribution of supplies, survivor kits, and infection protection and control (IPC) materials. Recent assessments, conducted by the IRC Medical Officers, indicate that the 5 one-stop-centers in Montserrado met an average of 80% of the service standards during this reporting period. In Lofa and Nimba Counties, five of the referral hospitals improved to meet an average of 80% of service standards while one of the referral hospitals in Nimba remains below this minimum standard threshold. The IRC has also provided support to three safe homes and two shelters through the distribution of survivor kits, games for child survivors, and food items.

Additionally, the IRC conducted five trainings in Montserrado, Nimba and Lofa Counties for police officers, Ministry of Health psychosocial workers and other National psychosocial workers. The trainings, which reached 88 people (37 women and 51 men) focused on increasing the capacity of these workers to support the prevention of and response to gender-based violence (GBV) and EVD through their work. The IRC also worked with the National GBV task force to review the National GBV Standard Operating Procedures (SOP) by serving as co-chair within the review meetings. Lastly, the IRC supported the GBV Task forces in Lofa and Montserrado to complete and validate the referral pathway documents which serve to articulate accurate information about where survivors of GBV and EVD can be referred for multisectoral response services

Three girls' groups in Montserrado and Lofa have completed 1 community level awareness-raising event with other girls, parents and caregivers, and other community members in their communities. The IRC's local implementing partner, Search for Common Ground (SFCG) supported 5 girls' groups to develop 5 radio dramas on topics related to the prevention of GBV and EVD; which were aired on 2 radio stations in Lofa and Montserrado. COWAGIL, a local NGO implementing case management and the IRC's partner under Novo Foundation funding, continued to receive and support women and girls who experience sexual and physical violence in Lofa, Nimba and Montserrado Counties. COWAGIL facilitates access to appropriate and timely services for these cases and managed 306 cases during the three month reporting period.

It remains paramount that survivors of GBV have access to adequate, immediate and life-saving assistance, support and services, and that EVD prevention and response preparedness actions remain responsive - even though Liberia is now Ebola free - to the intersectional vulnerabilities of women and girls including those living with disabilities and previously affected by EVD.

## **III. Summary of Activities**

The IRC program activity focuses on three main thematic areas:

- Prevention and response to Gender Based Violence
- Protection coordination, advocacy and information
- Health systems and clinical support

Key program accomplishments during the Q2 period include the following:

**Program Staff recruitment:**

In August, the IRC completed recruitment for the Senior Women's Protection and Empowerment Program Coordinator, one Program Officer in Lofa (in total there are now three program officers, one for each county), and three medical officers, one for each county. These staff now directly support the implementation of program activities.

**Prevention and response to Gender Based Violence:**

***Indicator 1: Training in GBV prevention and response***

IRC staff conducted five trainings in Lofa, Nimba and Montserrado Counties to increase the knowledge and skills of participants in their roles in the prevention of and response to gender-based violence (GBV) and Ebola Virus Disease (EVD). In total, the trainings reached **88** people (37 women; and 51 men). These trainings are detailed below:

**Nimba**

- One training on GBV core concepts was conducted for 10 Women and Children Protection Section (WACP) police officers (3 women; 7 men) representing four districts in the County: Gbeley Geh, Saclepea mahn, Sanniquellie Mahn and Bain Garh. The 2-day training took place from August 31<sup>st</sup> -September 1<sup>st</sup>, 2015 with the specific objective to increase the knowledge of these officers on GBV concepts so they will improve their support to survivors seeking their services for protection and legal justice.

**Montserrado**

- The IRC facilitated a two-day training focused on GBV core concepts in which 26 Ministry of Gender Children and Social Protection (MoGCSP) and Ministry of Health (MoH) psychosocial social workers including four supervisors (11 women; 15 men) from Montserrado County participated. The main objective of the training was to increase the knowledge and skills of Ministry psychosocial workers in identifying GBV survivors in their communities and increase their ability to provide appropriate and timely referrals for services. This was the second training for the Government psychosocial social workers in the County as many of them are now work with the MoGCSP but were previously trained when they were working within the MoH.
- On September 24<sup>th</sup>-25<sup>th</sup>, the IRC held a two-day training for Police Officers (12 men; 8 women) from 9 police departments from the Women and Children Protection section (WACP) in and around Monrovia. With the objective to increase the capacity of these multisectoral providers to support to GBV survivors seeking safety and legal support, the training focused on GBV core concepts, guiding principles in working with GBV survivors, and referral pathways.



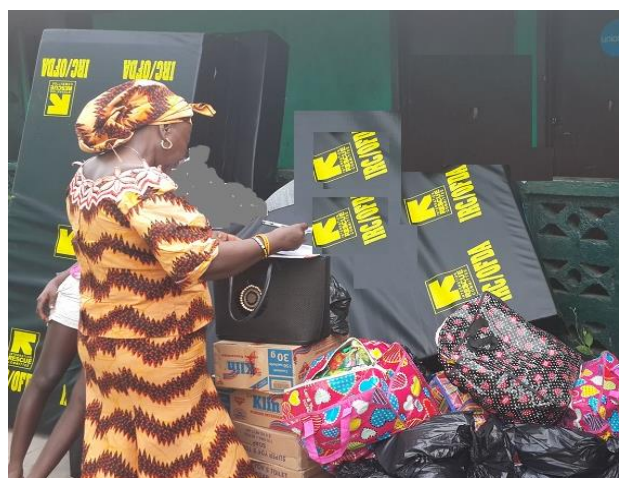
**Figure 1: Participants of the Lofa Psychosocial Workers Training**

### Lofa

- The IRC conducted a two-day GBV core concepts training for 13 multisectoral providers engaged in GBV response (10 police officers; 3 legal service providers) from September 1<sup>st</sup>-2<sup>nd</sup>. These police officers were mostly from Kolahun, Foya and Voinjama where IRC-supported referral health facilities are located. The training aimed to increase the participants' knowledge on GBV and the referral pathways for GBV survivors. This was intended as a refresher training for the police officers on the rights of women and girls, and focused specifically on the rights of GBV survivors to seek multisectoral support services (e.g., medical, legal, psychosocial, and protection). The training also included sessions about the critical role of police officers in the referral pathway that links survivors with these services. The police officers will participate in GBV meetings and provide feedback on service coordination for cases referred to them by the hospital and psychosocial partners
- The IRC also conducted a GBV core concepts training for 20 psychosocial workers (12 women; and 8 men) from the following organizations and agencies: MoH County Health Team (CHT), General Community Health Volunteers (GCHVs), MoGCSP, & MoH psychosocial workers, Women Health Alliance International (WAHA), Peace Development Opportunity Volunteer (PDOP), Liberian Association of Psychosocial Services (LAPS), Helping Hand Liberia, Samaritan Purse, Initiative Women In Lofa (IWIL) and COWAGIL.

### **Indicator 2: Providing support to Shelters**

In July and August, the IRC distributed survivor and dignity kits to the supported one-stop-centers and referral hospitals for further distribution to survivors in need. The IRC also provided mattresses for examination beds in these facilities and provided snack items to the three shelters in Montserrado and Nimba Counties for survivors seeking safety in these facilities. During the reporting period, the IRC case management partner, the one-stop-centers and the police referred a total of 11 survivors to these safe



**Figure 2 Distribution of dignity and survivor kits, mattresses, and snacks at OSIWA Shelter in Montserrado**

homes and shelters.

### ***Discussions with Girls Groups***

The Program Officers in Montserrado and Lofa Counties worked with two girls' groups in the LBS community (Montserrado) and Barkedue community in Lofa to hold community level events with other adolescent girls.

In Montserrado, LBS Group 1 hosted their event on August 11, 2015 and LBS Group 2 hosted their event on September 19, 2015. In total, 722 community members from LBS and the surrounding area, including parents, community leaders and other girls, attended the sessions. In Lofa, the Barkedue girls' group hosted an event with the girls from Voinjama for other girls and parents with support of the program officer and the mentors. The purpose of these events was to allow girls participating in the IRC-supported Girl Empower (GE) groups to share their knowledge and experiences with other girls who were not in the GE groups as well as parents and communities leaders. Each girl shared information on a lesson they learned during their participation in the GE program. The two groups also performed skits about EVD prevention, community acceptance and care for children affected by EVD, and on providing support to girls who lost their parents to EVD.

### ***Meetings with Women's Groups***

Over this period, the IRC facilitated a total of 12 GBV and EVD discussion meetings with women in 12 communities in the three supported counties; seven meetings were conducted in Montserrado, three in Nimba and two in Lofa County. A total of 769 women participated in these meetings. In Lofa, the IRC staff targeted a group of Muslim women separately as they are not allowed to participate in general meetings with other non-Muslim women. The discussions covered the same topics as in other meetings and these women requested a follow up meeting to be help with their daughters. Women continue to share factors that prevent them from reporting cases of GBV to courts. The most commonly reported reasons include, wanting to maintain a relationship with their husband; fear of losing financial support for children; and, lack of support from family members to report cases. In regards to EVD prevention and response, women participants committed to continue to practice protective measures against EVD and to report any suspected cases to health facilities and relevant services.

### ***Distribution of Dignity and Solidarity Kits***

The IRC distributed dignity kits to 665 vulnerable and disabled women in six communities in Montserrado. Additionally, 350 women and girls benefited from the distribution of solidarity kits after they participated in discussions surrounding GBV and EVD in three Montserrado communities (Barnesville, Dixville St. Paul Bridge) where IPC materials are lacking. The IRC collaborated with the Montserrado GBV task force members to carry out these distributions. The purpose of the solidarity kits is to support women and girls through the provision of IPC materials so that they can protect themselves and their families from infections including EVD.

## **Protection, coordination, advocacy and information:**

### ***Trainings in gender mainstreaming and protection auditing***

From September 3<sup>rd</sup>-4<sup>th</sup>, the IRC conducted a training on Gender and Protection mainstreaming for 20 Government psychosocial workers and national partner's psychosocial workers (5 women; 15 men) in Nimba. The purpose of this training was to increase the capacity of the MoGCSP psychosocial workers and psychosocial workers of national partners to consider gender and the protection of women and girls, including disabled women and girls, in the services they provide. These participants will work in collaboration with the GBV task force to develop a protection auditing tool to be used by all psychosocial service providers. Each partner has agreed to use this auditing tool on a monthly basis to ensure they are

meeting the protection needs for women and girls, including those vulnerable to GBV and EVD and those with disabilities.

### ***Coordination with MoGCSP, MoH and other key actors***

With the support of the IRC and MoGCSP leadership, the National GBV Task Force began the review of the National GBV Standard Operating Procedures (SOP). To date, the Task Force has held three review meetings and set up subcommittees to review specific sections that focus on the sectors of health, psychosocial aid, and protection. The psychosocial and health subcommittees have reviewed their sections but the protection and legal group have not met to review their section. In response, the MoGCSP will hold a separate meeting with the protection and legal pillar groups to ensure their participation as the process advances. Additionally, in response to stock outages of PEP in facilities, the IRC advocated with MoH to provide essential drugs (e.g., PEP) facilities in Nimba and Lofa. As a result of these efforts, the MoH provided 4 referral health facilities in Lofa and Nimba with PEP.

### ***Updating Referral Pathway Documents***

In each of the three counties, GBV task force members have met to update their referral document to reflect the current information regarding the availability of services and partners. Montserrado and Lofa county task force members have completed their review and are now printing the revised document for distribution in all communities, focusing on police departments, schools and marketplaces.

### ***Awareness Raising Campaigns on GBV***

Awareness-raising activities in Lofa, Nimba and Montserrado Counties reached 24,694 community members including students, teachers, community leaders, women, men, girls, and boys in the community at-large (9489 women; 3,690 men; 6,936 girls and 4,579 boys). IRC Staff conducted these sessions through household visits, and through larger groups in marketplaces, at schools with students and teachers, and with women's groups in the communities.

### ***Use of Protection Audits by Psychosocial pillar member, governmental, non-government and social workers***

Due to challenges in identifying an example protection audit tool to adapt, this activity has been delayed. The IRC has worked internally to identify an existing protection audit tool and will commence with the adaptation of this tool in the next quarter.

### ***Developing EVD and GBV Messaging***

The IRC has developed five initial messages regarding EVD and GBV prevention. These messages are intended to sensitize individuals and institutions to take action to reduce the risk of GBV and EVD in homes, school, work places and market places. The IRC is working on a partnership with the GSM telecommunications company, Cellcom, to send one message a week for a period of 15 weeks to 10,000 Cellcom subscribers. Additionally, the IRC will print these messages on stickers and displayed in public and private places including schools, offices, clinics and hospitals, and marketplaces and will be used by women and girls during the upcoming 16 Days of Activism Campaign in Liberia in November and December.

## **Health**

### ***Restoring Services at One Stop Centers and MoH Referral Health Facilities:***

The IRC staff continues weekly monitoring visits to 5 one-stop-centers and 6 referral health facilities in Lofa, Nimba and Montserrado to monitor the availability of services and essential medicine, equipment, and supplies. During this period, the IRC supported six of these facilities to make minor rehabilitations to their service delivery points including: repair of door locks and the reinforcement of shelving with front

cupboards to enable proper storing of confidential documents. The IRC also stocked all one-stop-centers with adult and child survivor kits.

### ***Training of health care providers***

The IRC did not conduct training for health care providers during this period as the IRC completed trainings for 68 providers during Q1. However, there is the continued need to build health providers' capacity to respond specifically to the needs of child survivors of sexual and gender-based violence. In response to this need identified by IRC program officers through the review and analysis of survivor case reports, the IRC will provide training in the clinical management of violence against children (VAC) cases and develop job aids for providers regarding emergency contraception (EC) and post-exposure prophylaxis (PEP) for HIV in the absence of PEP kits. These trainings will increase the capacity of providers to respond to the caseloads at the facilities and will also foster greater sustainability in service delivery. Though the IRC is currently working to ensure that there are no stock-outs of PEPs kits in the supported health facilities, the IRC does so through the procurement of PEP kits from external actors (e.g., UNFPA). Moving forward, there is greater need to not only improve the supply chain of essential commodities including ARVs for PEP, but also to build the capacity of providers to utilize ARVs for PEP and oral contraceptives for EC already available at the health facility even when there are PEP kit stock-outs. While some of the providers in the supported facilities are knowledgeable in this approach, the job aid will help ensure that all providers are following the clinical protocol in Liberia (which has also just recently been re-validated).

### ***GBV survivors are provided with clinical care***

289 survivors were provided with clinical services in the 11 OFDA-supported one-stop-centers and referral facilities during this quarter. Of these total cases, 261 (90.3%) were cases of rape, 15 (5.1%) were cases of sexual assault and 13 (4.4%) were cases of physical assault. Three of these survivors were male while 286 were female.

A summary of service uptake:

- 79 (27.3%) survivors of rape reported within 72 hours and were treated with PEP.
- HIV counseling and testing was conducted for 171 survivors and all tested negative.
- 36 survivors reported within 120 hours, 42 total survivors received EC (this figure includes both survivors that reported between 72 and 120 as well as those survivors that reported within 72 hours that received EC as well as PEP).
- A pregnancy test (MTT) was done for 81 survivors of reproductive age; of these, 5 (6%) tested positive.
- 258 (89%) of the 289 survivors were treated for STIs.
- 117 of the total survivors were referred by the police to the one-stop-centers and referral health facilities.
- The age range of survivors captured according to the GBV information management system (IMS) was 90 cases of 0 – 11 years, 64 cases of 12 - 17 years, and 13 cases of over 18 years. The ages of the other 122 cases were not captured towards the beginning of the reporting period. However, given the trend of reported cases in which the ages were recorded, it is estimated that most of these cases were children and adolescent girls below the age of 18 years.



**IV. Indicator Tracking**

	Indicators	Target	Q2		Cumulative		Comments
1	Number of people trained in GBV prevention or response, disaggregated by sex (OFDA)	Ninety-five (95) governmental and non-governmental social workers (20 in Nimba, 25 in Lofa and 50 in Montserrado) trained in GBV prevention and response core concepts, including legal aid and psychosocial support for GBV survivors.	M	F	M	F	During this quarter, 2 trainings were conducted in Montserrado and Lofa for 46 (23 women; and 23 men) Government social workers and psychosocial workers from partner organizations were trained.
			23	23	43	50	
			Total - 94 (99% of target achieved)				
		Forty-five (45) police officers (10 Nimba; 10 Lofa; and 25 Montserrado) given refresher training in core concepts of GBV prevention and response and psychological first aid (PFA) for GBV survivors.	M	F	M	F	Training of police completed in 3 counties for 43 participants.
			28	15	28	15	
			Total 43 (96% of target achieved)				
2	Number of risk mitigation strategies undertaken (OFDA)	Three (3) shelters <sup>1</sup> (one per county) are safe for women and girls to access in an EVD context <sup>2</sup>	3		3		
			3 (100% of target achieved)				
		Two (2) safe houses <sup>3</sup> (one in Montserrado and one in Nimba) are safe for women and girls to	2		2		
			2 (100% of target achieved)				

<sup>1</sup> These are government-accredited shelters for GBV survivors, and meet the Liberian Government's requirements for shelters.

<sup>2</sup> Safe for women and girls to access in an EVD context will, for the purposes of this project, mean these facilities adequately supplied with IPC materials and hygiene kits, so as to reduce the risk of EVD transmission.

<sup>3</sup> These are temporary facilities for the protection of GBV survivors and are not officially recognized as shelters, because they are not equipped to provide a complete package of services to GBV survivors. GBV survivors may need to stay in safe houses before being placed in shelters, as not every county has a shelter.

	Indicators	Target	Q2	Cumulative	Comments
		access in an EVD context			
		90% of safe house and shelters will receive hygiene kits.	4	4	
			4 (80% of target achieved)		
		Five (5) groups of adolescent girls who were previously enrolled in the Girl Empower program <sup>4</sup> (three groups in Montserrado and two in Lofa) hold one discussion per community (a total of five discussions) with other adolescent girls on risks and risk reduction strategies.	2	3	3 of the five groups in Montserrado and Lofa have hosted one community level event each with other girls, their parents and community leaders. These communities are LBS 1 and 2 and the Barkedou girls.
			3 (60% of target achieved)		
		IRC WPE staff hold one (1) meeting per month, per county (a total of 21 meetings over seven months), with existing women’s groups and additional women from their communities to discuss EVD and GBV risk mitigation strategies <sup>5</sup>	12 meetings conducted in 3 Counties in this quarter: 3 Nimba; 7 Montserrado; 2 Lofa reaching 769 total women.	40 meetings reaching 1189 total women	
			40		

<sup>4</sup> Girl Empower is an adolescent girls' empowerment program funded by the NoVo Foundation. Previously, the IRC implemented the program in Lofa and Montserrado. It is now being implemented in Nimba, but is in start-up there, due to the project's suspension during the Ebola period, so there are no active girls groups in Nimba funded by the IRC.

<sup>5</sup> These will be scheduled by the IRC WPE staff and will be facilitated by IRC staff.

	Indicators	Target	Q2		Cumulative		Comments
			(190% of target achieved)				The procurement and distribution of dignity kits has been delayed due to internal procurement procedural challenges; the project team has worked with the Operations to identify the bottlenecks especially as they affect procurement and distribution in Nimba and Lofa. Distribution of the dignity kits in Lofa and Nimba will commence at the beginning of the next quarter.
		2,554 women and girls receive dignity kits.	665 women and girls received dignity kits in Montserrado	665			
				655 (26% of target achieved)			
		5,000 women and girls receive solidarity kits including alcohol-based gel for hand hygiene, laundry soap, bathing soap, and a reusable plastic bag	350 women and girls received solidarity kits in Montserrado	350	350 (7% of target achieved)		Similar internal procurement challenges were faced in the distribution of solidarity kits to Nimba and Lofa during the past quarter which have been resolved and distribution of the kits will commence at the beginning of next quarter. Recipients of the solidarity kits in Montserrado were mostly vulnerable women including blind, physically challenged and single women living in slums.
3	Number of people trained in protection, disaggregated by sex (OFDA)	Seventy five (75) Psychosocial Pillar members trained in gender mainstreaming and protection auditing with IRC protection audit checklists	M	F	M	F	
			15	5	15	5	
			20 (26% of target achieved)				

	Indicators	Target	Q2	Cumulative	Comments
4	Number of humanitarian policies/practices changed, in accordance with protection principles, for the EVD context (IRC)	One (1) national GBV Standard Operating Procedure (SOP) and three (3) county-level SOPs revised, in accordance with protection principles, to account for EVD, and their respective documents are updated and disseminated	0	0	As discussed above, review meetings are ongoing; 2 meetings have taken place under the leadership of the MoGCSP with support from the IRC.
		One (1) national and three (3) county-level GBV referral pathway systems are updated, and their respective documents are updated and disseminated	2	2	2
5	Number of beneficiaries reached through various community-level awareness-raising activities about GBV in an EVD context (IRC)	One thousand (1,000) community members reached through other awareness-raising activities (for example, house to house visits by the Program Officers, and small meetings held in private homes, schools, and public gathering places based on community suggestions) in each of the 55 targeted communities (25 in Lofa, 21 in Nimba, and nine in Montserrado)	24,694 community members reached in 12 communities	40 communities reached: 12 Montserrado; 26 Nimba; 2 Lofa. (73% of target achieved) 25,558 community members reached (2,500 % target achieved)	

	Indicators	Target	Q2	Cumulative	Comments
6	Number of protection audit checklists completed per county by members of the Psychosocial Pillar and governmental and non-governmental social workers <sup>6</sup> (IRC)	-	0	0	The protection audit tool has not yet been developed. The tool will be developed in collaboration with the GBV task force members under the leadership of the County Gender Coordinators who will be responsible for monitoring the use of the tool.
7	% of completed protection audit checklists that indicate continued or increased adherence to protection principles in Q3 as compared to Q2 (IRC)	Eighty percent (80%) of completed protection audit checklists indicate continued or increased adherence to protection principles	Not achieved.		This will start in the 3 <sup>rd</sup> quarter once the tool is completed.
8	Number of protection-related media productions (IRC)	Five (5) radio shows about protection and prevention of EVD and GBV for adolescent girls played on public radio <sup>7</sup>	5 Radio Dramas Produced (100% of target achieved)	5 Radio Dramas Produced (100% of target achieved)	In collaboration with the service contractor SFCG, 5 girl groups developed one radio drama each which have been aired in 2 radio stations in Montserrado and Lofa Counties.
		Two (2) rounds of mass text messaging in Lofa and Nimba to inform people of available GBV services and EVD risks and risk reduction <sup>8</sup>	0	0	Text messages have been developed. The IRC has begun the process to initiate a program with a Cellcom to send 1 text message a week to 10,000 subscribers for 5 weeks throughout

<sup>6</sup> Members of the Psychosocial Pillar will decide whether the audits will be conducted monthly or weekly, and this may vary among the three counties.

<sup>7</sup> The IRC will partner with The Search for Common Ground's Talking Drum Studio and the five girls' groups in Lofa and Montserrado to develop an appropriate, dramatic radio program on protection and the prevention of EVD for adolescent girls. Talking Drum will help pull out key issues for adolescent girls and help inform girls about services available to them – both for Ebola and GBV. Each girl's group will record one drama, resulting in five radio shows played on public radio over the course of one and a half months.

<sup>8</sup> Montserrado is not included, as this activity has been done by multiple other partners in Montserrado.

	Indicators	Target	Q2		Cumulative		Comments
							the 15 Liberian counties.
9	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary) (OFDA)	Eleven (11) health facilities (5 in Montserrado <sup>9</sup> , 3 in Lofa and 3 in Nimba) supported to have a consistent stock of at least five (5) current adult PEP kits and three (3) child PEP kits	5 one-stop-centers in Montserrado and 3 referral health facilities Lofa and 2 referral health facilities in Nimba received support from IRC during this reporting period.		10		5 one-stop centers in Montserrado and 1 referral hospital in Lofa were rehabilitated by IRC (e.g., repairs of leaking roof, repair of door locks and cupboards for storing confidential documents) and provided with support and IPC materials. The IRC advocated with MoH to provide essential drugs (e.g., PEP) to facilities in Nimba and Lofa and , 4 referral health facilities in Lofa and Nimba were supported with PEP as a result of these efforts.
10	Number of health care providers trained by type (e.g., doctor, nurse, security, midwife, and nurse / nurse aid in triage attendant), disaggregated by sex (OFDA)	Seventy five health care providers (75) trained in clinical care for sexual assault survivors (CCSAS) <sup>10</sup>	M	F	M	F	The 68 medical personnel and other security, nurse aids ( triage staff) trained from the 5 one-stop- centers and 6 referral heath facilities have increased their services to survivors by prioritizing survivor cases, conducting examining and providing timely and proper treatment as needed. 2 survivors seeking legal services were presented by 2 trained nurses to explain medical reports. According to the nurses, their confidence has increased in this role due to the training provided by IRC and the explicit medical report books
			0	0	43	25	
			68 (91% of target achieved)				

<sup>9</sup> The five facilities in Montserrado are officially one-stop centers. The others are referral facilities.

<sup>10</sup> In the Q2 report, data for indicator will be disaggregated by type and sex.

	Indicators	Target	Q2		Cumulative		Comments
							provided by IRC for survivor use.
11	Number of survivors of sexual and gender-based violence provided with clinical care, disaggregated by sex (IRC)	500 GBV survivors provided with clinical care	M	F	M	F	A total of 289 survivors accessed services at the 11 project-supported health facilities during the past quarter.
			3	286	7	442	
			449 (89% of target achieved)				
12	Percentage of cases of sexual violence that received timely and appropriate health care (IRC)	80% of cases receive timely and appropriate care <sup>11</sup>	29% of sexual violence cases that reported timely within 72 hours were treated timely and appropriately according to their needs. 35% of survivors reporting within 120 hours received EC.				79 of the 276 cases of sexual violence and rape reported for services within 72 hours and were treated with timely and appropriate care including PEP. 36 survivors reported within 120 hours, 42 total survivors received EC (this figure includes both survivors that reported between 72 and 120 hours as well as those survivors that reported within 72 hours that received EC as well as PEP). While the recording of survivors coming for services within 72 hours and receiving PEP is well documented; monitoring of case files suggests that more work with health providers is needed to ensure that data around the provision of EC for survivors reporting within 120 is needed.
13	Number of supplies distributed by type (e.g. medical kits, equipment,	-	0		0		Due to delays encountered in the initiation of international pharmaceutical procurements—

<sup>11</sup> The WPE Medical Officer will collect data monthly on the number cases received and the number of rape cases that received PEP within 72 hours, disaggregated by gender and age.

	Indicators	Target	Q2	Cumulative	Comments
	consumables) (OFDA)				including the change in the international supplier for PEP kits—the procurement of pharmaceuticals has been delayed; however, the necessary steps to complete the procurement of PEP kits and other essential medicines (e.g., paracetamol) were initiated during this past quarter which will facilitate distribution at the beginning of Q3.
14	Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than one week <sup>12</sup> (OFDA)	Zero facilities	1 facility	1 facility	1 referral hospital in Nimba (Karnplay) did not have consistent stocks of essential drugs including PEP, STI drugs and EC for the clinical management of cases of SGBV during the entire reporting period.

<sup>12</sup> For this project “selected essential medicines and tracer projects” will be post-exposure prophylaxis (PEP) kits and other items included in the Pharmaceutical Listing. The IRC will ensure that the one-stop centers have enough of these items to manage an average of 110 cases per center per quarter.



## **V. Constraints and Challenges:**

The major constraints during this reporting period were transportation issues caused by road conditions due to the rainy season especially in the months of August and September. As a result of these conditions, IRC medical officer and other program staff had difficulty reaching two sites in Nimba and one in Lofa. Also, delays in procurement due to both internal and external factors (e.g., processes for changing pharmaceutical supplier for international procurement of PEP and other drug supplies) has delayed the IRC's ability to distribute these essential medicines and supplies to the supported health facilities.

## **VI. Activities for the Following Quarter**

In Q3, IRC will complete the following activities:

### **Prevention and response to Gender Based Violence**

- Conduct gender mainstreaming training in Montserrado and Lofa with Government psychosocial service providers.
- Distribute solidarity kits in Nimba and Lofa Counties and completed distribution in Montserrado County.
- Support the two remaining Girl Empower groups in Diaque's Town and Voinjama to conduct their community events on GBV and EVD awareness.
- Continue monthly meetings with women's groups on GBV and EVD awareness.

### **Protection, coordination, advocacy and information:**

- Continue to provide IPC materials to 11 health facilities, three safe homes and two shelters.
- Complete the Nimba referral pathway document and distribute updated referral pathway document in all three counties.
- In collaboration with MoGCSP, work with GBV task force to develop the protection audit tool and use the tool with psychosocial partners to ensure they following service provision standards.
- In partnership with the Cellcom GSM, send out weekly text messages to Cellcom subscribers.

### **Health**

- Medical officers will continue to conduct weekly monitoring visits to supported service delivery points to identify gaps in stock of drugs and ensure the availability of quality services for survivors. As needed, procurement requests will be raised to fill any gaps in medical supplies and equipment.
- Once received in-country, the procured PEP kits and other pharmaceutical supplies (e.g., paracetamol) will be distributed immediately to the supported one-stop-centers and referral hospitals.

## **VII. Success Stories**

### *Success Story 1.*

A three year-old girl was found in a community in Nimba bleeding from the vagina one evening after she returned from fetching water at a nearby stream. The child was in pain and could not explain what happened to her or who was responsible for her injuries. Her family was concerned but unable to access transportation to the nearest health facility that evening as it was not a market day and no cars were available. The family was forced to wait till the next day to start their journey to nearest health facility which is 4 hours away. They arrived at the health facility, but the necessary drugs were not available to provide proper treatment. The health workers referred the family to the district referral hospital, which is supported by the IRC. Now 4 days after the initial incident, the child suffered from infected wounds. The health workers provided treatment but she required a more advanced examination which could only be completed at a GBV referral hospital in Monrovia. Due to the inability of the

girl's mother to make this journey as she was 9 months pregnant, the IRC medical officer accompanied the girl. Once at the Monrovia GBV referral hospital she was treated for the infections and discharged with all required medications; she was asked to return after 1 month for a medical follow up visit which was completed with support from the IRC. This child is now improving as a result of this treatment, the follow-up of the IRC and the psychosocial support provided by COWAGIL. Additionally, the town chief has initiated an investigation for the rape of the child. The community identified suspects and sent them to the district court, but according to the court there was no evidence to prove that the suspects were involved in the act so they were released.

### *Success Story 2*

Through the awareness-raising sessions with girls conducted by the program officer in Montserrado, a 14 year-old girl reported that she has experienced sexual abuse from her step father whenever her mother is out. The Program Officer referred the child to COWAGIL, the IRC case management partner, for support. The survivor was assured that she did the right thing in coming forward to report the case and she was counseled on the harmful effects of sexual abuse including unintended pregnancy, STIs, etc. and was provided with accurate information on available services. While she declined support in telling her mother about what had been happening; she did request support from the social worker to move to another living situation. With support from the COWAGIL social worker, the girl has been taken in by her Aunt who has since reported the abuse to the police for prosecution.

## Annex 1.

**Support Materials Distributed to Safe Homes and Shelters**

<b>Safe Home/ Shelter</b>	<b>Items distributed</b>
THINK - Montserrado	1 bag of rice; 2 mattresses; 4 sets of Ludo game; 4 cartons of laundry soap, 4 cartons of bath soap, 1 carton of Tide soap; 20 adult survivor kits (e.g., 1 pair of slippers, 1 pad, 2 lapper clothes, 2 pairs of panties, 1 toothpaste and toothbrush, 1 bath soap, 1 blouse, , and 1 laundry soap); and, 30 child survivor kits (e.g., 1 pair of slippers, 1 bath soap, 1 laundry soap, 2 pairs of panties, 1 toothbrush and toothpaste, 1 blouse).
OSIWA – Montserrado	4 bags rice; 4 mattresses; 4 sets Ludo game, 4 cartons of laundry soap, 4 cartons bath soap, 2 cartons tide soap, 30 adult survivor kits and 50 children survivor kits, 2 cartons of chloride solution.
Ganta Concern Women Shelter	1 carton Chloral; 1 role floor mat; 3 cans of paint; 1 dozen toothpaste, 1 dozen toothbrushes, 1 dozen adult slippers, 48 pieces of women's and children's panties, 6 pieces of buckets with cover and buckets without cover, 6 dozen bath and wash soap, 1 dozen tablespoons and plates, 1 dozen sanitary pads, 1 dozen bath towel, 1 carton of Tide soap; and 3 plastic chairs.
Sanniquellie – Ministry of Gender Safe Home	1 carton Chlorine; 1 carton of bath soap, 1 carton of wash soap, 1 dozen children's slippers, 1 dozen adult slippers, 1 carton Tide soap, 1 dozen toothpaste, 1 dozen wash soap; and sanitary pads.

**Support materials distributed to Lofa Referral Facilities.**

<b>No</b>	<b>Referral Health facility</b>	<b>Item distributed</b>
1	Tellewonyan hospital	8 sets of lapper cloth, 1 carton of sanitary pads, 15 adult blouses, 3 dozen adult panties – 3 dozen children panties; 3 dozen 1 large bottles of hand sanitizer, 5 cartons of juice, 5 cartons of snacks, 1 dozen toothpaste, 2 dozen adult slippers, 2 dozen children slippers, 2 sets of bed linens, 5 teddy bears, 1 ledger, 1 carton of laundry soap; 1 carton of bath soap.
2	Kolahun Hospital	1 cylinder lock, 2 sets of window curtains, 8 sets of lapper cloth, 1 carton of sanitary pads, 15 adult blouses, 3 dozen pairs of adult panties and 3 dozen pairs of children's panties; 3 dozen large bottles of hand sanitizer; 5 cartons of juice, 5 cartons of snacks, 1 dozen toothpaste, 2 dozen adult Slippers, 2 dozen children slippers, 2 sets of bed linen, 5 teddy bears, 1 ledger, 1 carton of laundry soap; 1 carton of bath soap.
3	Foya Borma Hospital	8 sets of lapper cloth, 1 carton of sanitary pads, 15 adult blouses, 3 dozen pairs of adult panties and 3 dozen pairs of children's panties; 3 dozen large bottles of hand sanitizer; 5 cartons of juice, 5 cartons of snacks, 1 dozen toothpaste, 2 dozen adult slippers, 2 dozen children slippers, 2 sets of bed linen, 5 teddy bears, 1 ledger, 1 carton of laundry soap; 1 carton of bath soap.